

Name
in
Full

Francis Emma Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

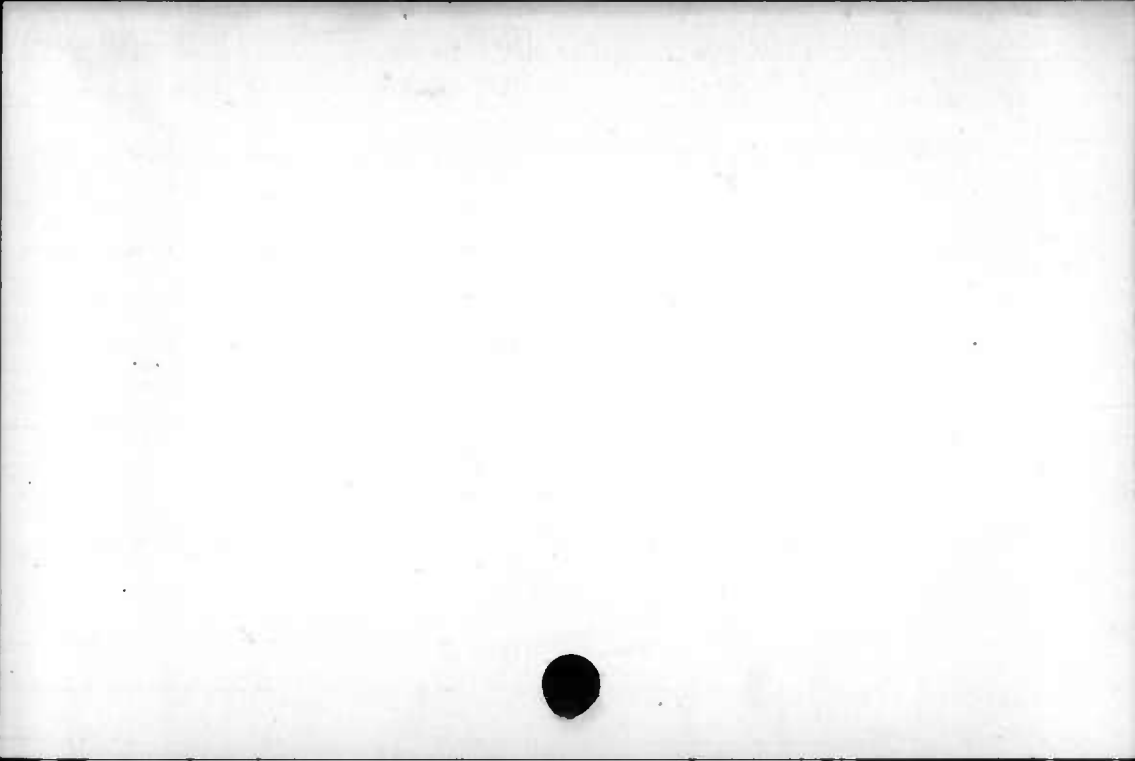
Died at <u>Norwood</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	2
		Age	—	Years	—
Sex	Female	Color or Race	Colored	Months	3
Occupation	—		Birth-place	Montg. Co. Md.	
Where Residing if not at place of death			—		
Married, Single or Widowed		Name of Wife or Husband			
Single		—			
Father's Name		Edward Adams		Father's Birthplace	
				Montg. Co. Md.	
Mother's Maiden Name		May Meason		Mother's Birthplace	
				Montg. Co. Md.	
Name of person giving information		George Edwards Adams		How related to deceased	
				Brother	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Convulsions</u>	How long	<u>12 hours</u>
Immediate	<u>Congestion from Convulsions</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Roger Brooks per H. Q.	
		Address	
		Sandy Spring	
		Md.	
Accident or Suicide?			



Name
in
Full

Helen Mone Angus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

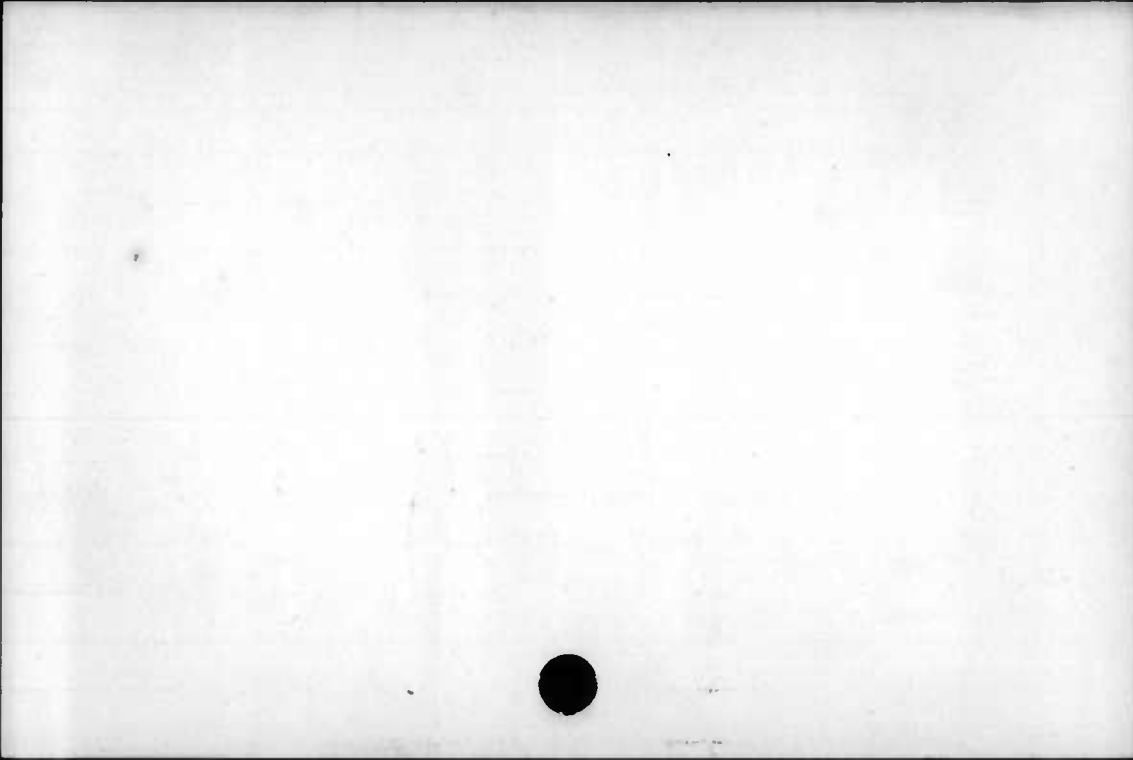
Died at <i>Washington Grove</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>25</i>	Age <i>22</i>	Years	Months	Days
Sex <i>F</i>	Color or Race <i>W.</i>			Birth-place			
Occupation	Where Residing if not at place of death <i>Washington D.C.</i>						
Married , Single or Widowed	Name of Wife or Husband <i>Jane H. A.</i>						
Father's Name <i>J. A. H. Angus</i>	Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Hellie Williams</i>	Mother's Birthplace						
Name of person giving information <i>Miss Keaser</i>	How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Indefinite</i>
Immediate <i>Phthisis Pulmonalis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Lindsey</i>
	Address <i>Stamont Sanatorium</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lewisdale</i> Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>9</i>	Age <i>56</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co Md</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Seklia A. Wallerius</i>				
Father's Name <i>James W. Beall</i>	Father's Birthplace <i>Montgomery Co Md</i>				
Mother's Maiden Name <i>Margaret Rhine</i>	Mother's Birthplace <i>Montgomery Co Md</i>				
Name of person giving information <i>Joseph G. Wallerius</i>	How related to deceased <i>Nephew by marriage</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Nephritis Acute</i>	How long <i>2 weeks</i>
Immediate <i>Uremia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Beall</i>
	Address <i>Clarksburg Md</i>
Accident or Suicide?	



Name
in
Full

Mary Ann Beau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

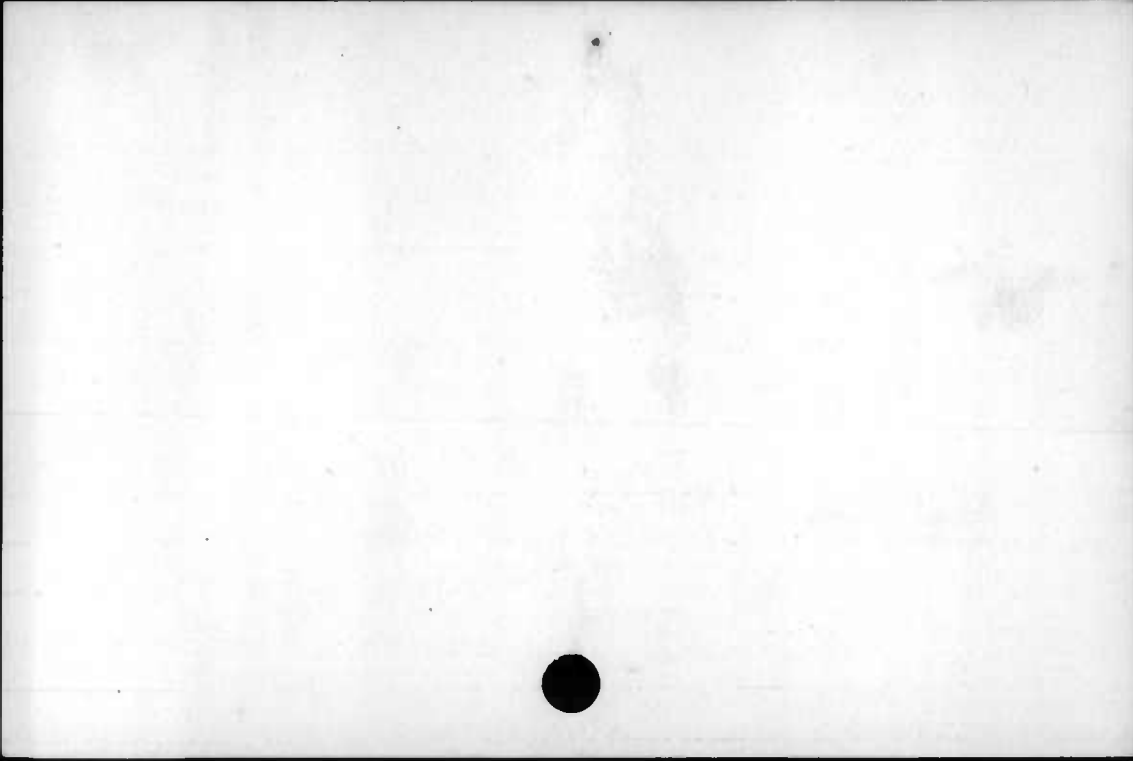
Died at <u>Bertusda</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>5</u>	Day	<u>10</u>
Age		<u>74</u>	Years	Months	<u>✓</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>D.C.</u>
Occupation	<u>House wife</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Amos Beau</u>		
Father's Name	<u>John Cole</u>			Father's Birthplace	<u>D.C.</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>John P. Kaiser</u>			How related to deceased	<u>Son-in-law</u>

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<u>Adeno Sarcoma of Neck</u>		How long	<u>1 year</u>
Immediate	<u>Exhaustion</u>		How long	<u>✓</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>John L. Lewis M.D.</u>	
			Address <u>Bertusda, Md.</u>	
Accident or Suicide?				



Name
in
Full

Mary Brewer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

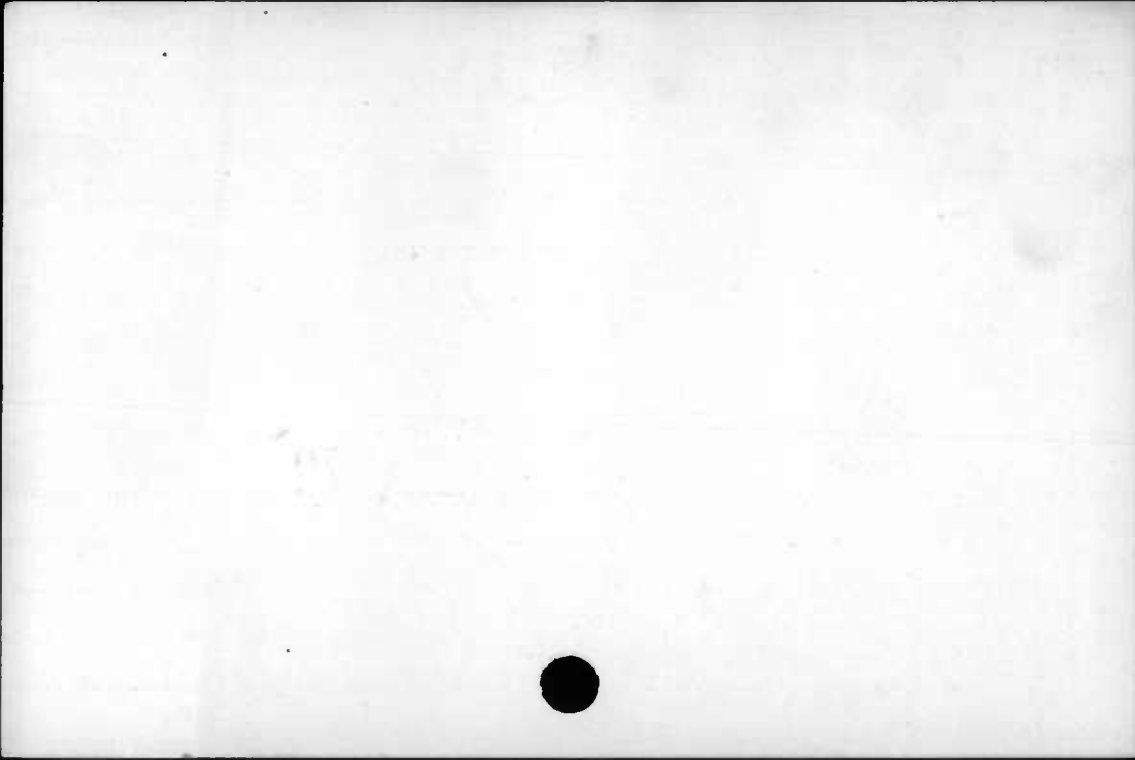
Died at <u>Danversville</u> ^{Town}		<u>Dumfries</u> ^{County}		MARYLAND	
Date of death	1908	Month	5	Day	30
Age	27	Years		Months	
Sex	Female	Color or Race	Black	Birthplace	Mt. G. Co. Md.
Occupation	Cook	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband <u>Georg. Brewer.</u>			
Father's Name	Eliya Brand	Father's Birthplace	Mt. G. Co. Md.		
Mother's Maiden Name	Minetta Mason	Mother's Birthplace	Dumfries Co. Md.		
Name of person giving information	Mrs. (Henrie Brand	How related to deceased	Mother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Acute Pulmonary Tuberculosis	How long	1 yr.
Immediate	Asthma	How long	7
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	U. D. Nurse M. D.
		Address	Danversville Md.
Accident or Suicide?	(Premises have been disinfectd) U. D. N.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Edward Bunslett

Town

County

MARYLAND

Died at *near Clearbury**Montg.*

Date

Month

Day

Years

Months

Days

of death 1908

*May**31*

Age

63

Sex

*Male*Color or
Race*White*Birth-
place*Montg. Co. Md*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband*Elizabeth King*Father's
Name*Greenbury V. Bunslett*Father's
Birthplace*Montg. Co. Md*Mother's
Maiden Name*Maria E. Ward*Mother's
Birthplace*Fred. Co. Md*Name of person giving
In formation*Dr. V. Bunslett*How related
to deceased*son*

CAUSES OF DEATH

104

Primary

Mitral insufficiency

How long

1 year

Immediate

Acute Indigestion

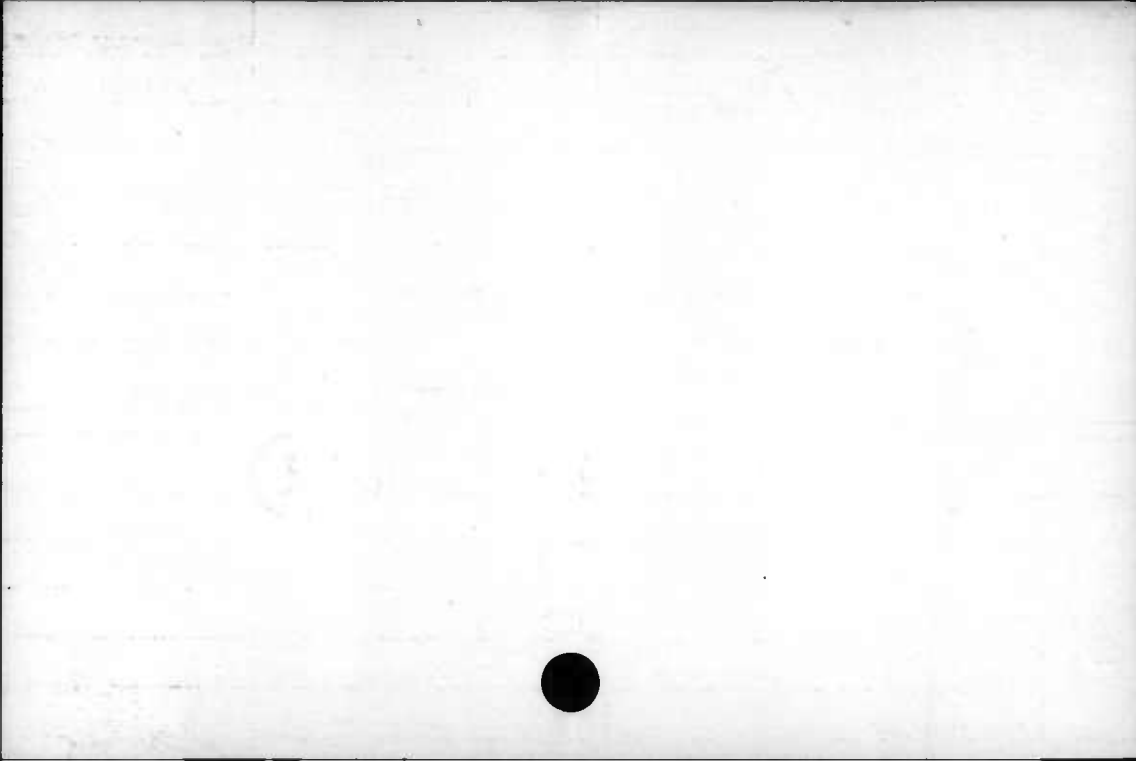
How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. E. Deely
Clearbury Md*

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

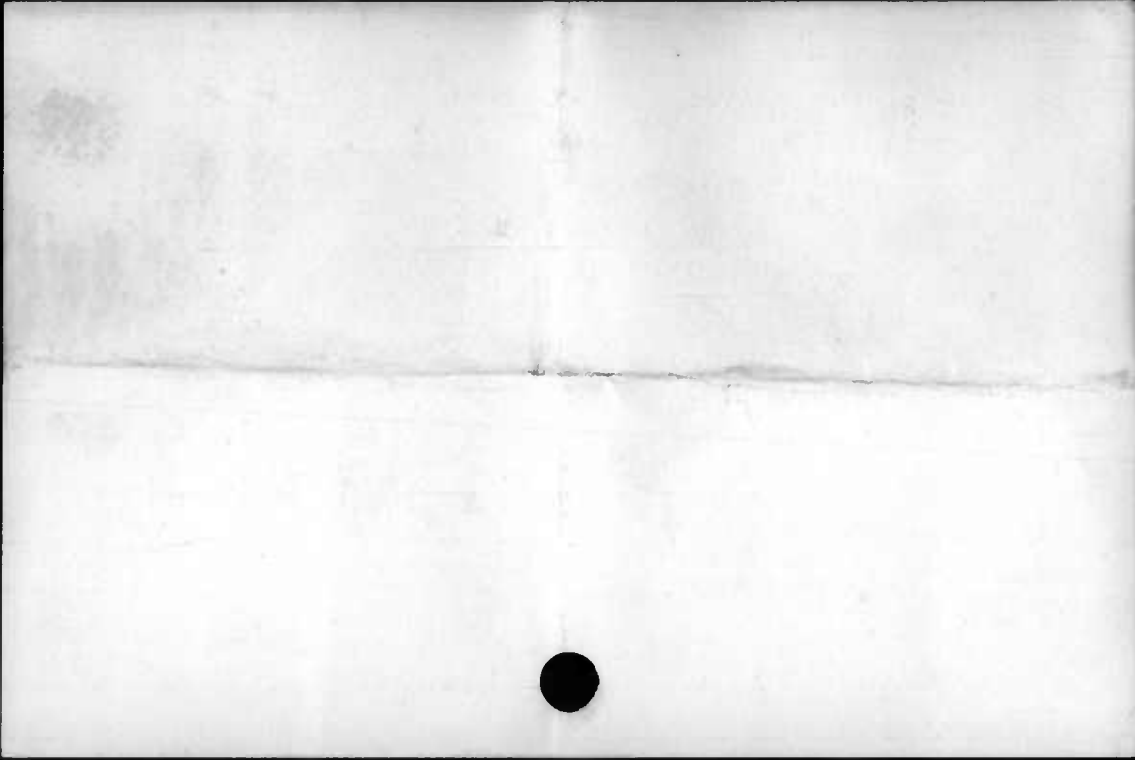
Died at <u>Frederickville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>27</u>	Age <u>73</u> ^{Years}	Months <u>1</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>W.D.</u>		
Occupation <u>Unknown</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>			Name of Wife or Husband <u>John Cambell</u>		
Father's Name <u>Sam. Brooks</u>			Father's Birthplace <u>W.D.</u>		
Mother's Maiden Name <u>Mary Rebecca Butler</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Geo Cambell</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>2 yrs</u>
Immediate <u>Paralysis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. P. Deely</u>
	Address <u>Delaware Street</u>
Accident or Suicide? <u></u>	<u>W.D.</u>



Name
in
Full

Ella Virginia Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

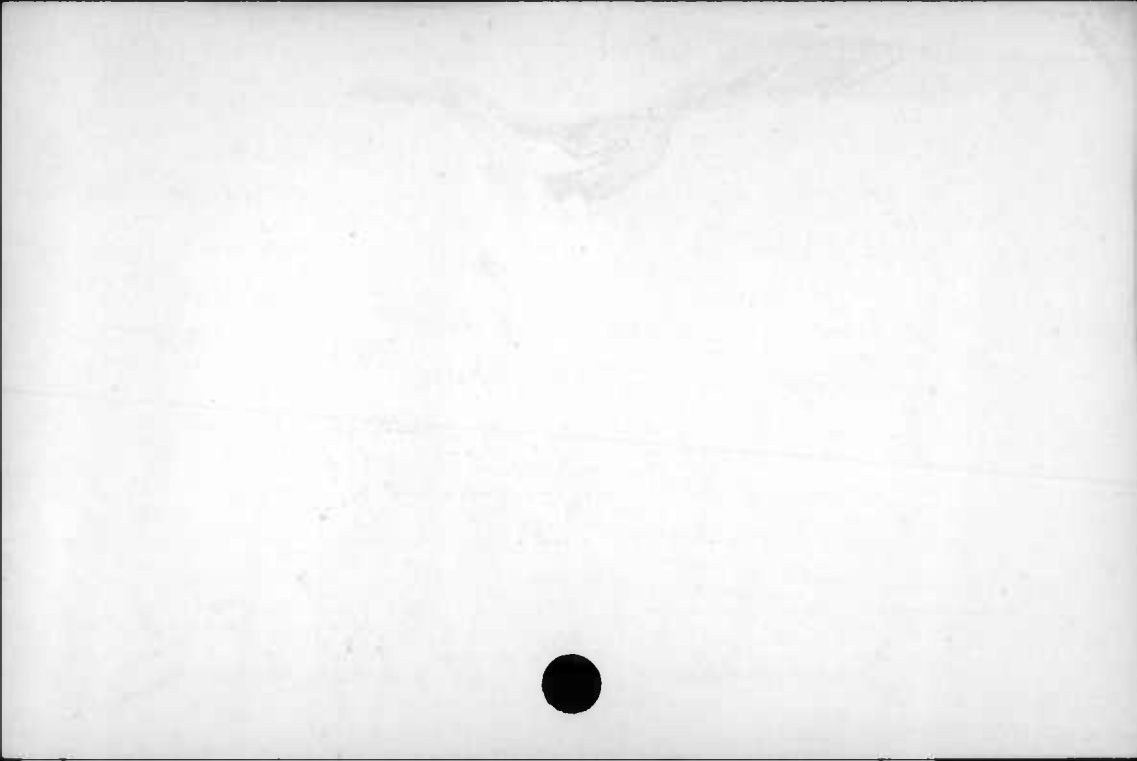
Died at		Town Potosi		County Montgomery		MARYLAND	
Date of death 190		Month MAY 5		Day 1908		Age 2	
Sex Female		Color or Race Black		Birthplace Montgomery, Md.		Months Days	
Occupation Infant child		Where Residing if not at place of death X					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Edw. A. Cooper		Father's Birthplace Montgomery, Md.					
Mother's Maiden Name Hattie E. Lair		Mother's Birthplace Montgomery, Md.					
Name of person giving information Edw. A. Cooper		How related to deceased Father					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Five days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician N. J. Pratt	
		Address Potosi, Md.	
Accident or Suicide?			



Name

in
Full

Pearl Cromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barnsville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>2</u>	Age <u>5</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>La Plata Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Clarence Cromwell</u>			Father's Birthplace <u>Frederick Co Md</u>		
Mother's Maiden Name <u>Mary Fitzsimmons</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Clarence Cromwell</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <u>dysentery</u>	How long <u>Three days</u>
Immediate <u>Heart Failure</u>	How long <u>half hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Stonestuck</u>
<u>Barnsville</u>	Address <u>Maryland</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Bertha A. Dennie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma, Md.</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>28</i>	Age <i>21</i>	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>D.C.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>523 4 1/2 st. SW. Wash. D.C.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John S. Dennie</i>				
Father's Name <i>William Grimes</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Nora Cahill</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving information <i>John S. Dennie</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

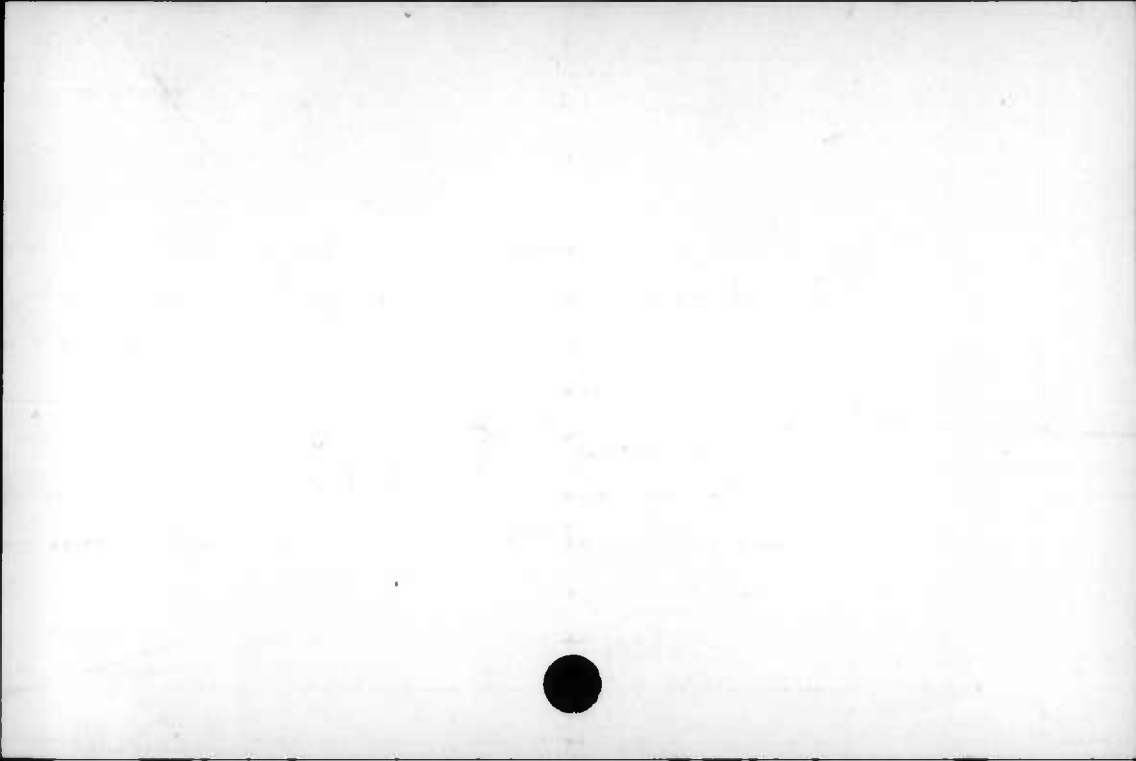
27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. T. Holden</i>
	Address <i>802 6th St. SW. Washington, D.C.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Henry Dow				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died near <u>Norbeck</u>		County <u>Montgomery</u>		MARYLAND		
		Date of death <u>1908</u>		Month <u>May</u>	Day <u>5th</u>	Years <u>25</u>	Months <u>—</u>	Days <u>—</u>
		Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Montg. Co., Md.</u>		
		Occupation <u>Farm hand</u>		Where Residing if not at place of death <u>—</u>				
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
		Father's Name <u>Henry Dow</u>		Father's Birthplace <u>Montg. Co., Md.</u>				
Mother's Maiden Name <u>Lucinda Clemmons</u>		Mother's Birthplace <u>Montg. Co., Md.</u>						
Name of person giving information <u>Joseph Johnson</u>		How related to deceased <u>No relation.</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Typhoid Fever</u>		How long <u>About 10 days.</u>				
		Immediate <u>Pneumonia</u>		How long <u>About 10 days.</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. Farguhar</u>				
				Address <u>Ches.</u>				
				<u>Md.</u>				
		Accident or Suicide?						



Name
in
Full

Fanielah Duvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

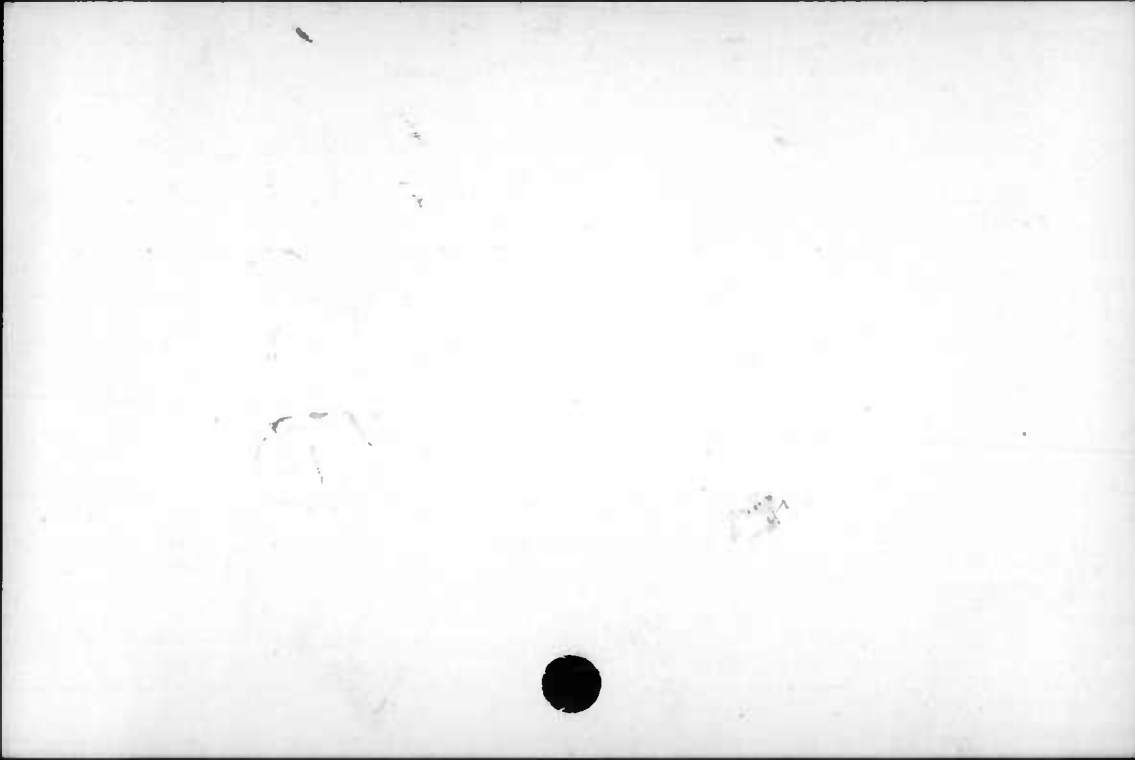
Died at <u>Wm Dawsonville</u> Town		<u>Montg</u> County			
Date of death <u>1908</u>	Month <u>5</u>	Day <u>23</u>	Age <u>21</u> Years	Months <u>6</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Clarkshurg</u>		
Occupation <u>Day laborer on farm</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Chas. Duvall</u>	Father's Birthplace <u>Montg Co Md.</u>				
Mother's Maiden Name <u>Margaret Peters</u>	Mother's Birthplace <u>Fredk Co Md.</u>				
Name of person giving information <u>Physician</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary <u>Accidental drowning</u>	How long <u>—</u>
Immediate <u>Asphyxia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>U D. Nourse M.D.</u>
	Address <u>Dawsonville Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

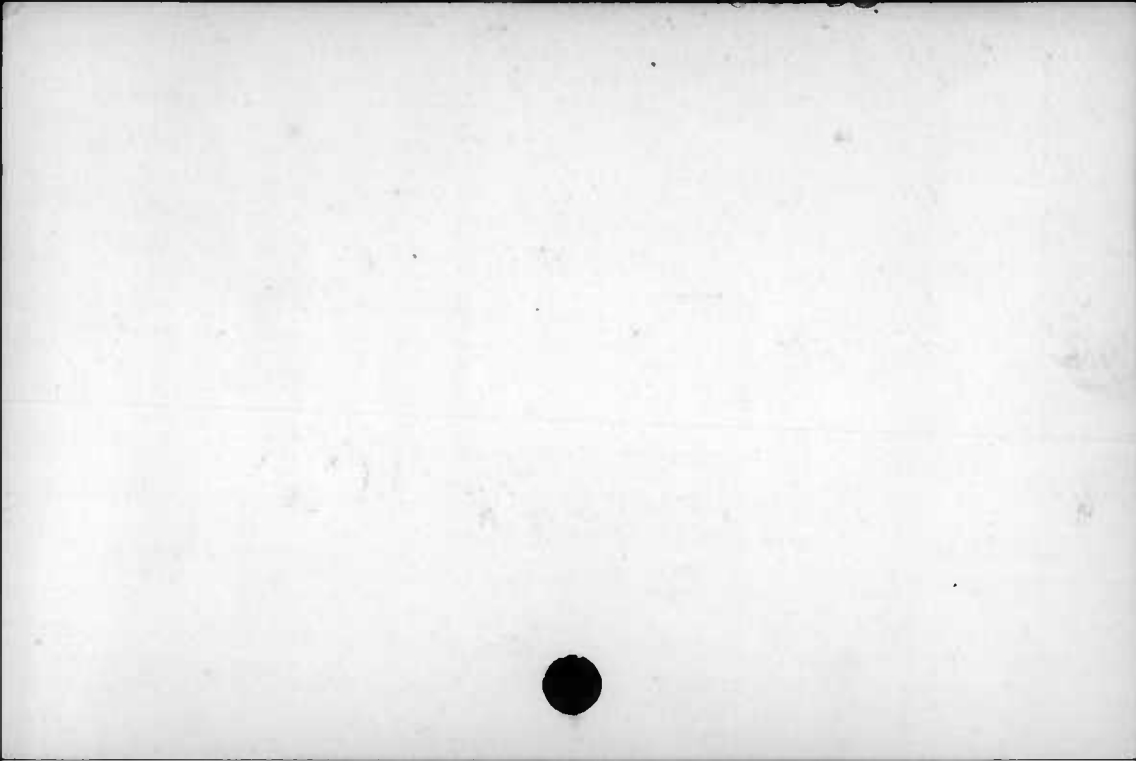
Name in Full <i>Rachel Gaither</i>		Town <i>Wheaton</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>May</i>	Day <i>29</i>	Years <i>63</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Gaither</i>						
Father's Name <i>Henry Strong</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>W. K. Jackson</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Richard Gaither</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Organic disease of heart</i>	How long <i>3 years</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Jones</i>
	Address <i>Keeneston</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodside</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	Month <i>May</i>	Day <i>30</i>	Age <i>59</i>	Months <i>9</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Staunton, Va.</i>		
Occupation <i>clerk</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Vernon Getty</i>		
Father's Name <i>Robert William Stevenson</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Caroline Anderson</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	27 How long <i>1 yr.</i>
Immediate <i>Exhaustion</i>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Copied from D. C. Black**Henry B. Deale**1207 Conn. ave.
Washington, D. C.*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Nancy E Haddlip

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Takoma Park</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>31</u>	Age <u>60</u>	Years <u> </u>	Months <u> </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Indiana (city) ^{Ho} ^{Ind}</u>		
Occupation <u>Housewife -</u>		Where Residing if not at place of death <u>161 Ross St. Grafton W. Va.</u>			
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>David Haddlip</u>				
Father's Name <u>Jacob. Fox</u>	Father's Birthplace <u>South Carolina</u>				
Mother's Maiden Name <u>Mary Ann Trickett</u>	Mother's Birthplace <u>Indiana</u>				
Name of person giving information <u>David Haddlip</u>	How related to deceased <u>Husband -</u>				

CAUSES OF DEATH

117

PHYSICIAN
OR CORONER

Primary <u>Malignant growth in pancreas -</u>	How long <u>Not known -</u>
Immediate <u>Insanition -</u>	How long <u>Four weeks -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>Louella E. Kress M.D.</u>
	Address <u>Takoma Park -</u>
	<u>Washington D.C.</u>
Accident or Suicide? <u>-</u>	

L. M. Morris

Registration for Takoma Park
Md.

June 3 '08.

Name
in
Full

CERTIFICATE OF DEATH

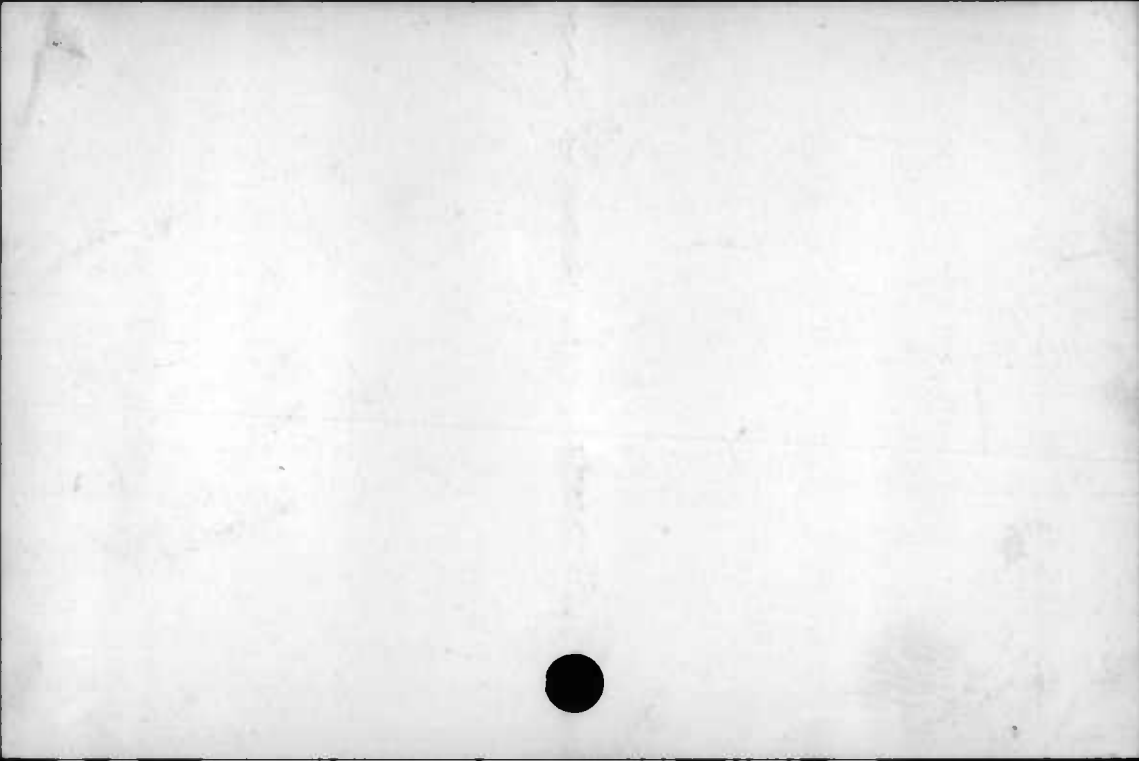
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>May</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>45</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>black</i>		Birth-place <i>Ca.</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lucy Rogers</i>				
Father's Name <i>Samuel Thompson</i>	Father's Birthplace <i>Ca.</i>				
Mother's Maiden Name <i>Lucy Lewis</i>	Mother's Birthplace <i>Ca.</i>				
Name of person giving information <i>Lucy Rogers</i>	How related to deceased <i>husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic myocarditis</i>	<i>64</i> <small>How long</small> <i>about 8 years.</i>
Immediate <i>apoplexy?</i>	<i>about ten minutes</i> <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Henderson M.D.</i>
	Address <i>Rockville</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

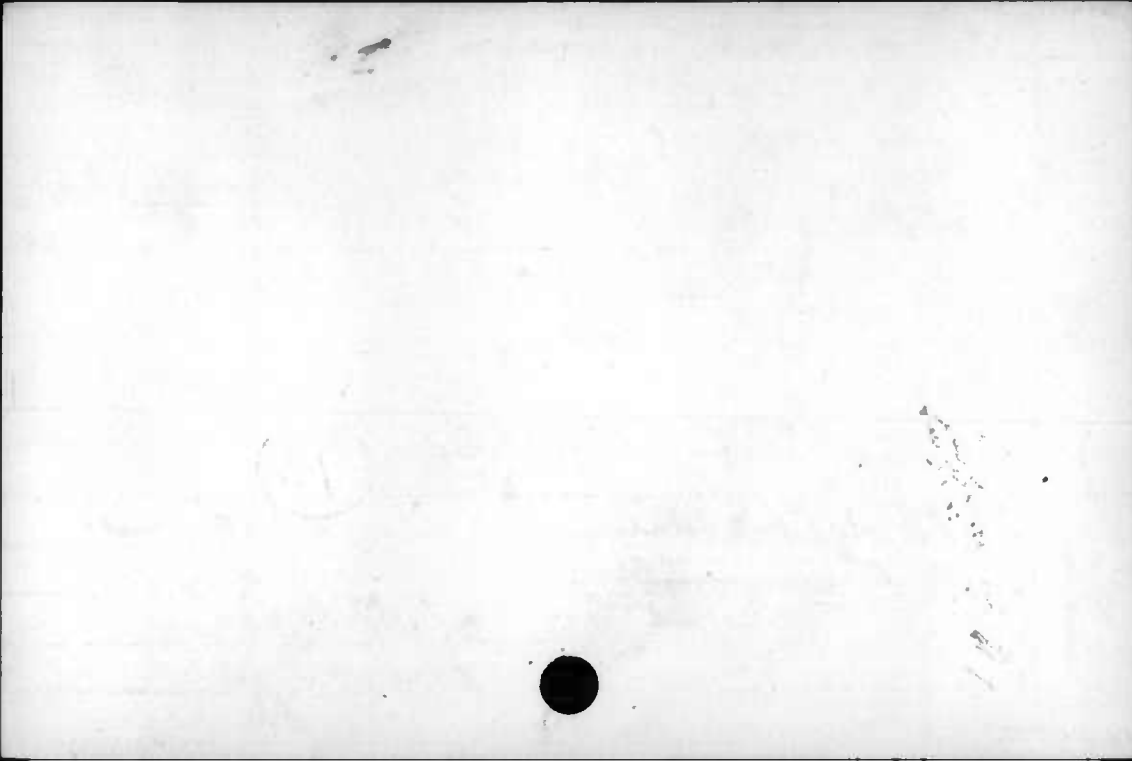
Name <i>Ferdinand Johnson</i>		Town <i>Danville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Danville</i>		Month <i>5</i>		Day <i>21</i>		Age <i>Years</i>	
Date of death <i>1908</i>		Month <i>5</i>		Day <i>21</i>		Age <i>Years</i>	
Sex <i>male</i>		Color or Race <i>negro</i>		Birth- place		Months <i>5</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Birth- place		Months <i>5</i>	
Married, Single or Widowed		Name of Wife or Husband <i>—</i>		Birth- place		Months <i>5</i>	
Father's Name <i>Wm. Johnson</i>		Father's Birthplace <i>Danville Md</i>		Mother's Birthplace <i>Danville Md</i>		How related to deceased <i>Mother</i>	
Mother's Maiden Name <i>Bessie Beall</i>		Mother's Birthplace <i>Danville Md</i>		How related to deceased <i>Mother</i>		How long <i>2 da.</i>	
Name of person giving information <i>Bessie Beall</i>		Name of person giving information <i>Bessie Beall</i>		How related to deceased <i>Mother</i>		How long <i>2 da.</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (bunches)</i>		How long <i>2 da.</i>	
Immediate <i>Asphyxia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>U. D. House</i>	
Address <i>Danville Md.</i>		Address <i>Danville Md.</i>	
Accident or Suicide?		Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jeremiah Johnson</i>		Town <i>Mt. Zion</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>1908</i>		Month <i>May</i>		Day <i>1</i>		Age <i>66</i>	
Date of death		Months		Days			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Monty. Co. Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rachel Johnson</i>					
Father's Name <i>Thomas Johnson</i>		Father's Birthplace <i>Monty. Co. Md.</i>					
Mother's Maiden Name <i>Ellie Johnson</i>		Mother's Birthplace <i>Monty. Co. Md.</i>					
Name of person giving information <i>Joseph S. Hackett</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>5 or 6 mos.</i>	
Immediate <i>Pneumonia</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. F. Green</i>	
		Address <i>Brookville Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Mary A Kinslow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

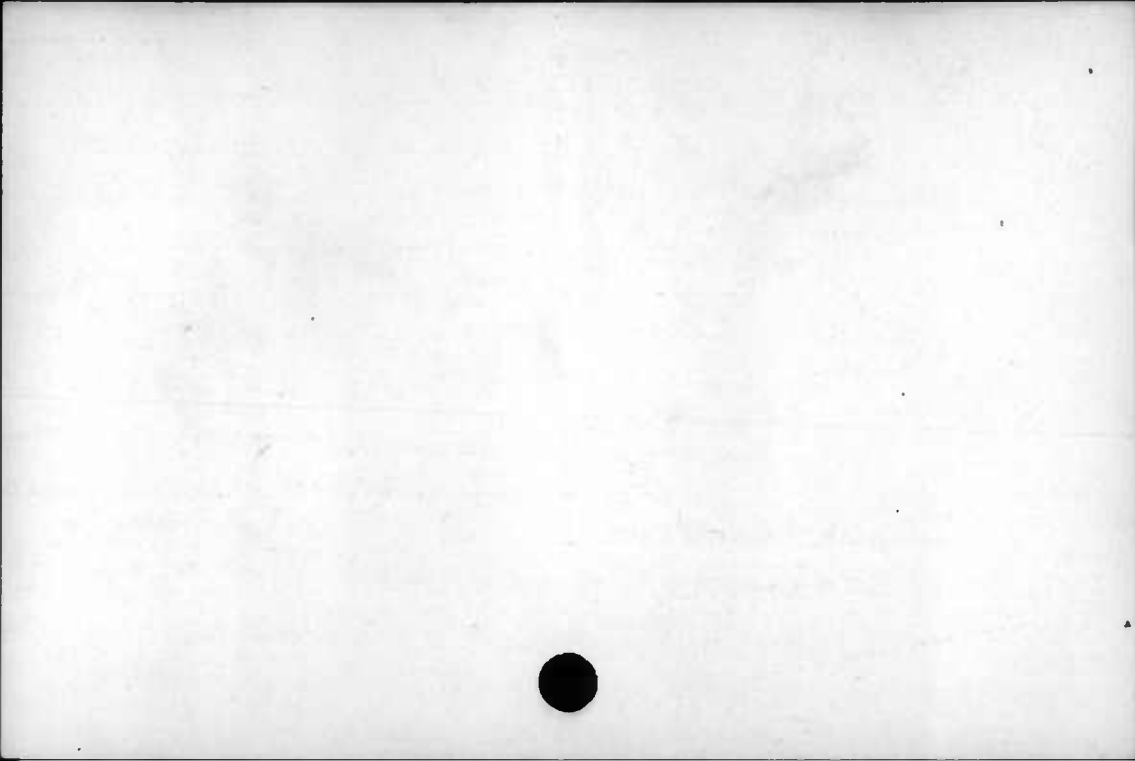
Died at <i>Hamlet</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>7</i>
Age		<i>60</i>		Years	
Sex		<i>Female</i>		Color or Race	<i>Colored</i>
Occupation		<i>at home</i>		Birth-place	<i>Maryland</i>
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>George A Kinslow</i>	
Father's Name	<i>William Foote</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Not Known</i>		Mother's Birthplace	<i>Not Known</i>	
Name of person giving information	<i>George S Kinslow</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

120

Primary	<i>Chronic Nephritis</i>	How long	<i>about two years</i>
Immediate	<i>Pharyngitis</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Arthur W. Ray</i>
		Address	<i>Seneca, N.Y.</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1908

Month

5

Day

25

Age

Years

Months

4

Days

Sex

female

Color or
Race

African

Birth-
place

Md

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Henry Lancaster

Father's
Birthplace

North Co.

Mother's
Maiden Name

Matta Samson

Mother's
Birthplace

" "

Name of person giving
In formation

Father

How related
to deceased

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

3 weeks

Immediate

Apparent Pneumonia

How long

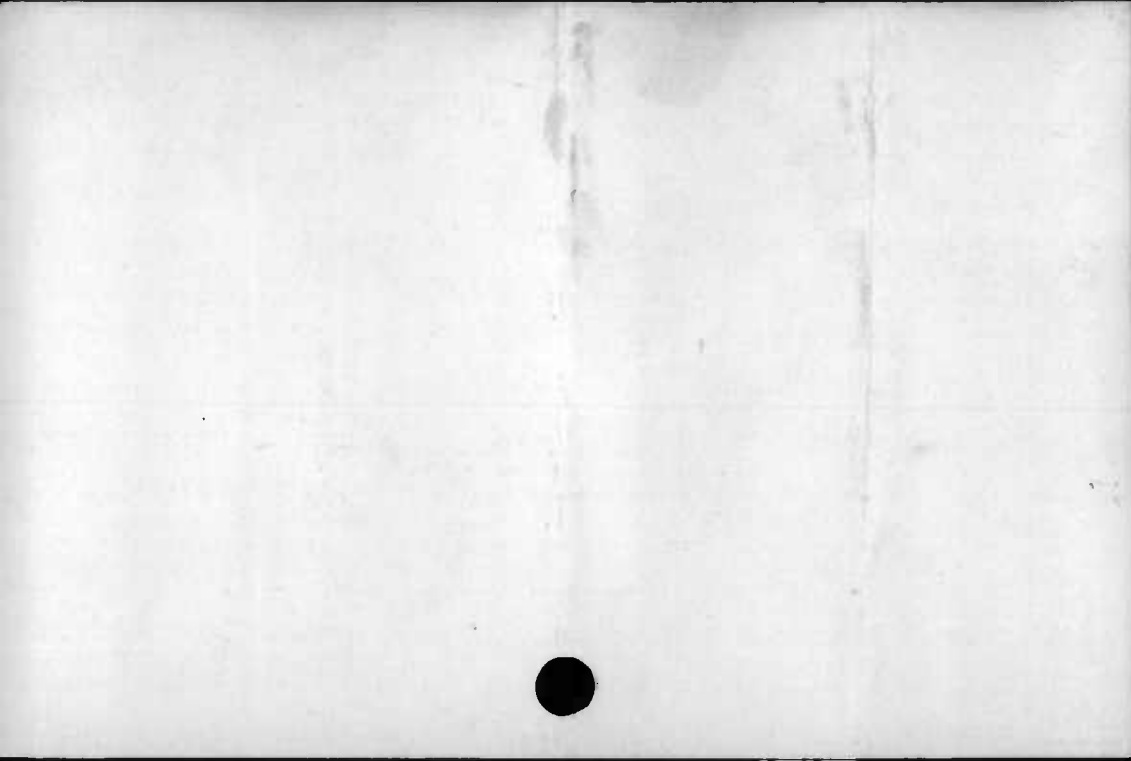
4 days.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. H. Wright
Forest Glen
Md

Accident or Suicide?



Name
in
Full

Mary Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

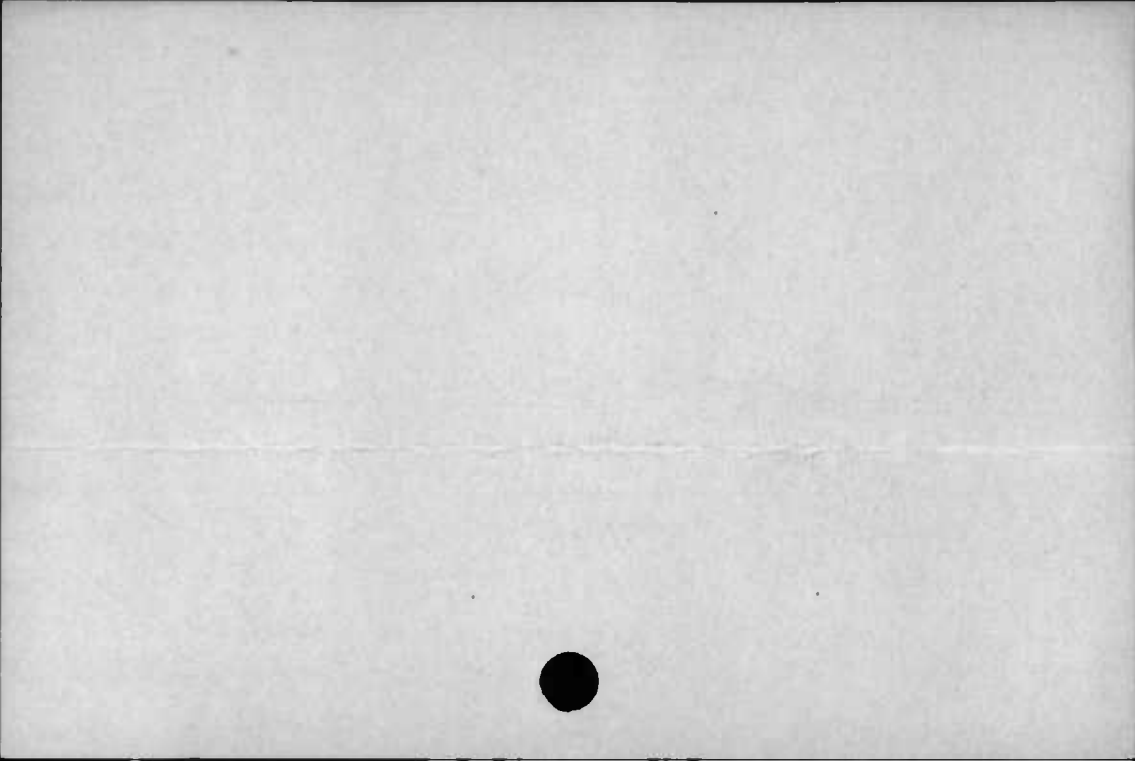
Died at <i>Brighton</i>		Town		County		MARYLAND	
Date of death	1908	Month	May	Day	10	Years	Age 58
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Near Bricklow</i>		Months <i>8</i> Days <i>10</i>	
Occupation <i>Cook</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name or Wife or Husband		<i>William Lewis</i>			
Father's Name		<i>Robert Aukward</i>		Father's Birthplace		<i>Sandy Spring</i>	
Mother's Maiden Name		<i>Susan Jones</i>		Mother's Birthplace		<i>6 4</i>	
Name of person giving information		<i>William Lewis</i>		How related to deceased		<i>Husband</i>	

CAUSES OF DEATH

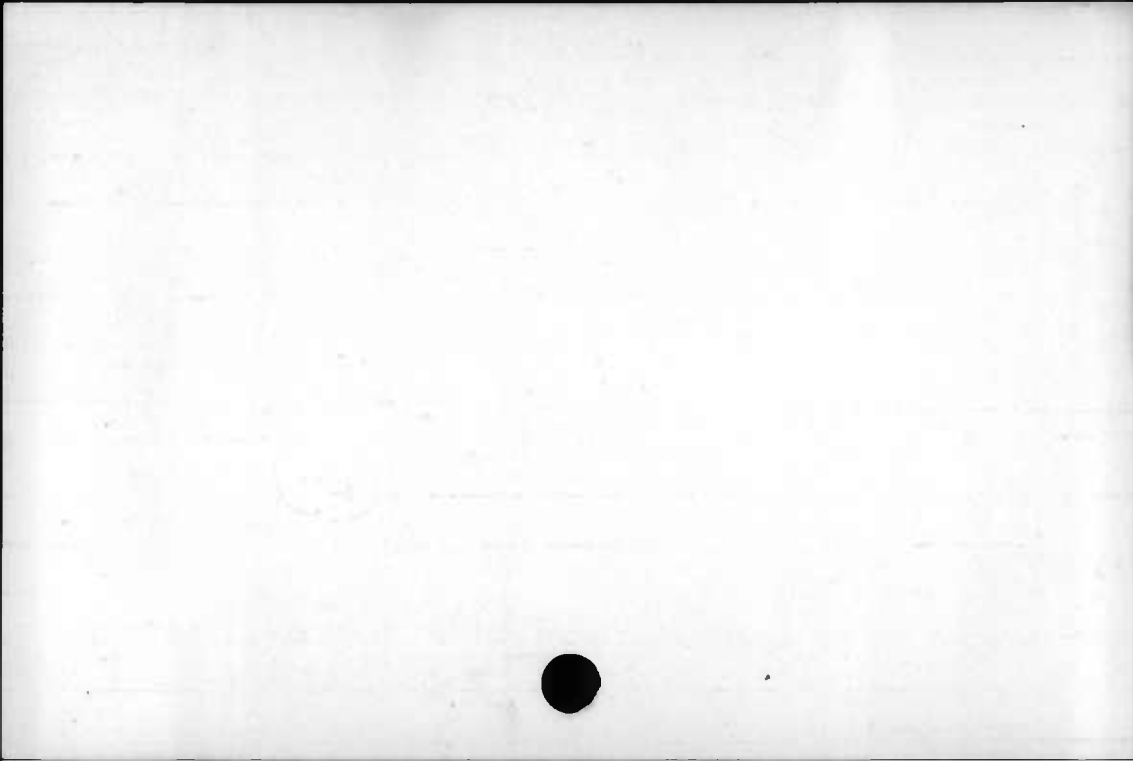
93

PHYSICIAN
OR CORONER

Primary	<i>Acute Lobar Pneumonia</i>	How long	<i>5 weeks</i>
Immediate	<i>Gastric Ulcer</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Aug Stabler</i>	
		Address	
		<i>Brighton, Md.</i>	
Accident or Suicide?			



Name in Full		Geo Lomax				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Rockville	County Montgomery		MARYLAND	
		Date of death		1908	Month Mar	Day 29	Age 78	Months 1
		Sex		Male		Color or Race	Black	
		Occupation		Laborer		Birth-place Va		
		Where Residing if not at place of death						
		Married, Single or Widowed		Married		Name of Wife or Husband Not Known		
		Father's Name		Not Known			Father's Birthplace Va	
Mother's Maiden Name		Not Known			Mother's Birthplace Va			
Name of person giving information		Alice Crutchfield			How related to deceased Not at all.			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Apoplexy		How long 30 min		
		Immediate		Coma		How long " "		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Clairborne H. Mansuet		
		Address		Rockville		No		
Accident or Suicide?		No						



Name
in
Full,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

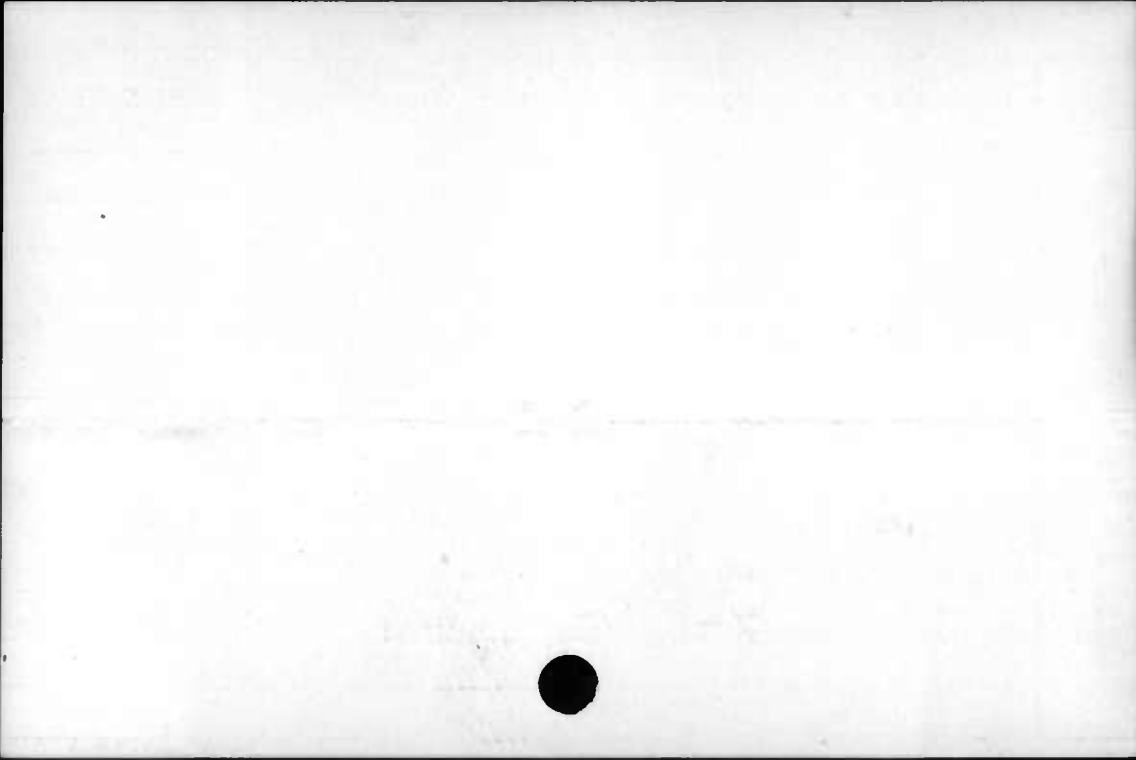
Died at <i>Garfield</i> Town <i>Bozest</i> County <i>dc</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>may</i>	Day <i>4</i>	Years <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth place <i>Burtonville Md</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Howard Co</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Lowery</i>		
Father's Name <i>Berry Roby</i>	Father's Birthplace <i>Freeland Md</i>		
Mother's Maiden Name <i>Mason Burton</i>	Mother's Birthplace <i>Burtonville Md</i>		
Name of person giving information <i>Kate Beall</i>	How related to deceased <i>Sister</i>		

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary <i>Ovarian abscess</i>	How long <i>30 days</i>
Immediate <i>Heart failure</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Watson</i>
	Address <i>Spencerville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

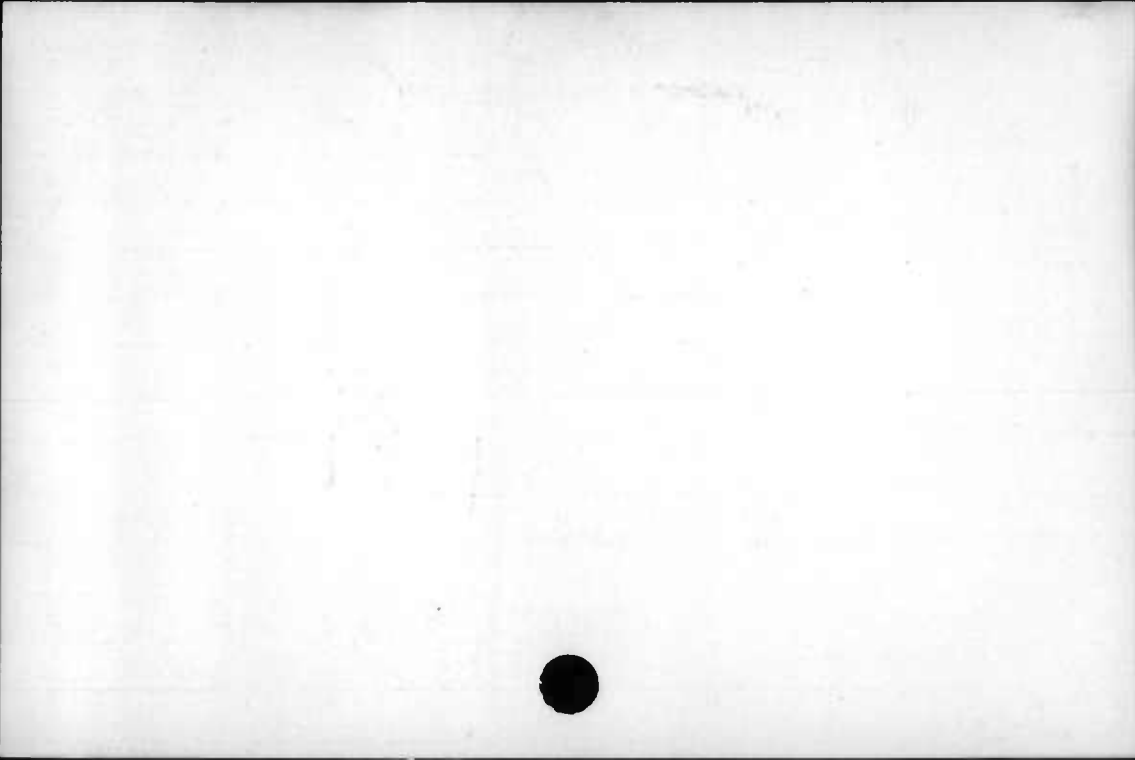
Died at <u>Clappan</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death	1906	Month	5	Day	20
Age		Years	76	Months	
Sex	Male	Color or Race	Colored	Birth-place	MD
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Cassie S. Holand</u>			
Father's Name	<u>Isaac Holand</u>			Father's Birthplace	MD
Mother's Maiden Name	<u>Mary Scott</u>			Mother's Birthplace	"
Name of person giving information	<u>Thos Holand</u>			How related to deceased	Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Interstitial Nephritis</u>	How long	<u>2 yrs</u>
Immediate	<u>Coma</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
not sure of age		<u>E. C. Etchison</u>	
		Address	
		<u>Gaithersburg</u>	
		MD.	
Accident or Suicide?			



Name
in
Full

Clara Elizabeth Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

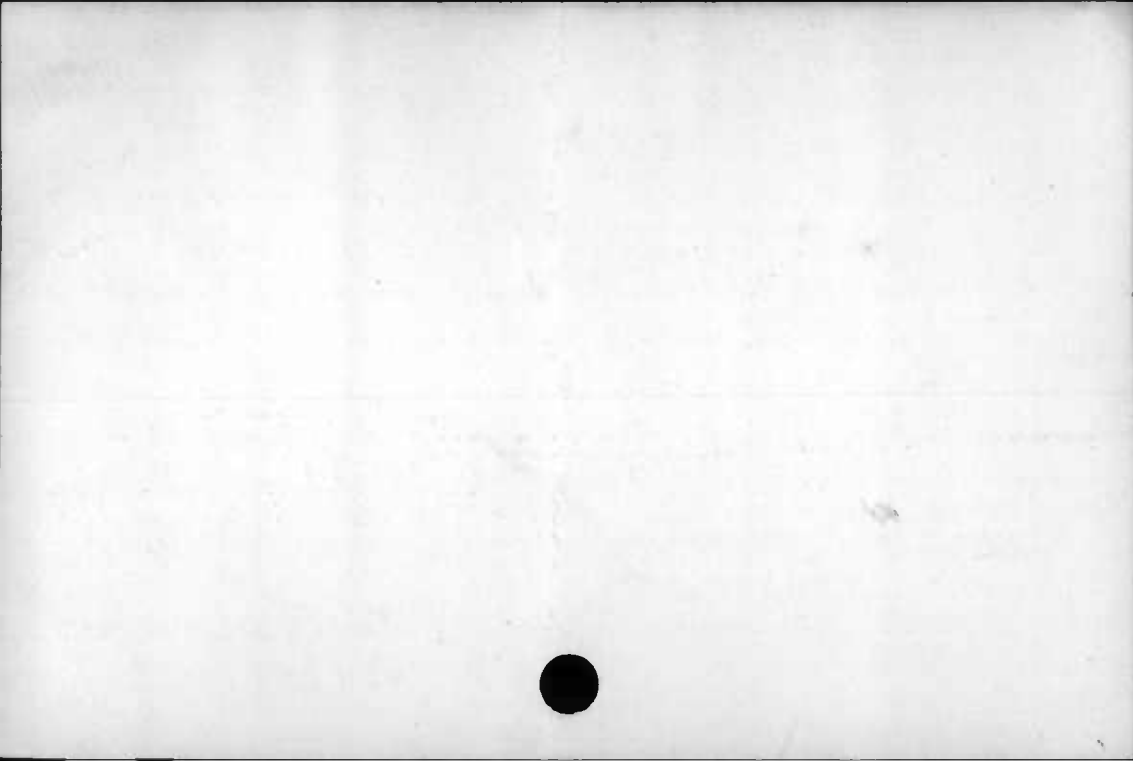
Died at <i>Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>May</i> ^{Day} <i>6</i>		Age <i>about 32</i> ^{Years}		^{Months} ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>at home</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thomas Owens</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Clara McCormick</i>		Mother's Birthplace <i>D.C.</i>			
Name of person giving information <i>Reuben Pamphrey</i>		How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Multiple neuritis</i>	How long <i>4 months</i>
Immediate <i>Cardiac Paralysis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George E. Lewis, M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

MARYLAND

Husband

CAUSES OF DEATH

45)

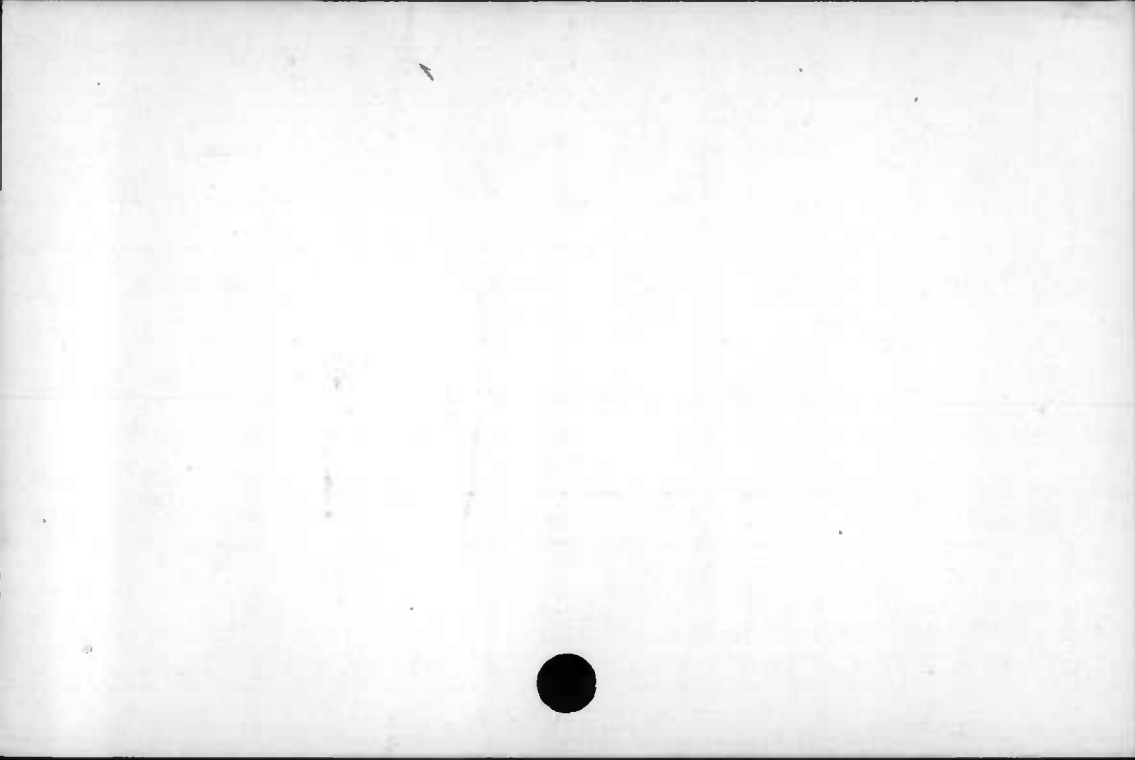
3 yrs

6 Days

Tōtē Tōtchism

Gaithersburg

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

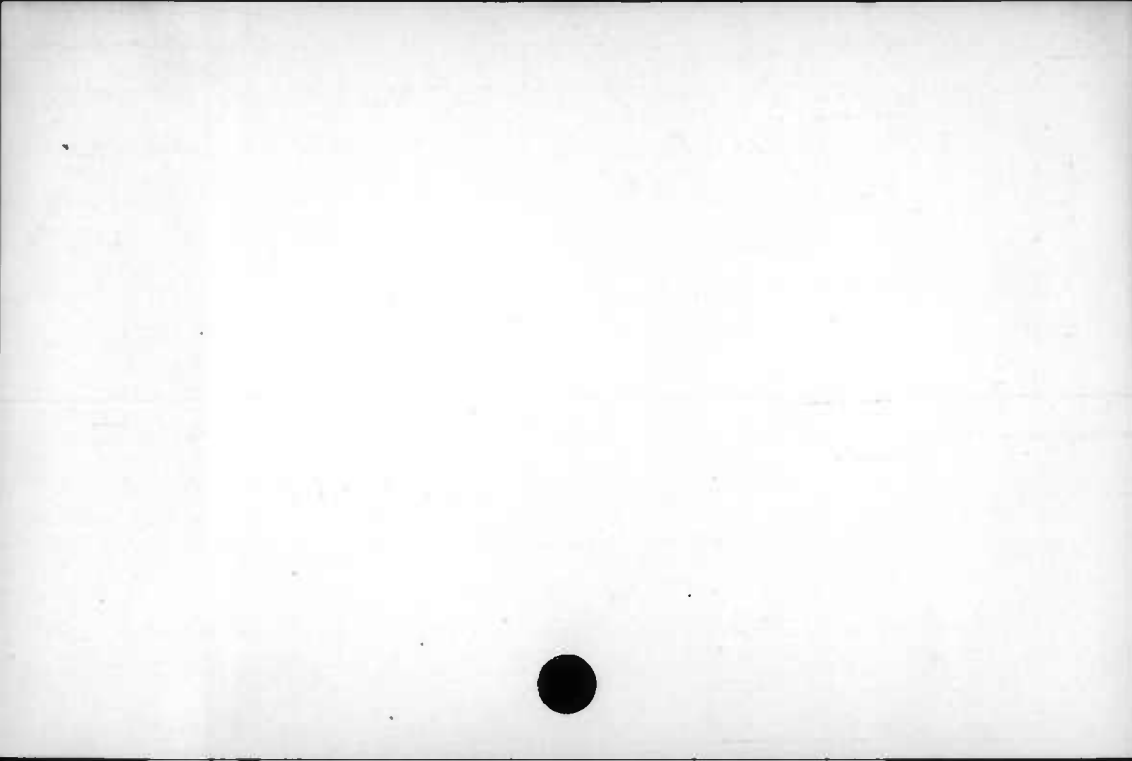
Name <i>Iga Rhodes</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Cherry Chase</i>		Town <i>Cherry Chase</i>			
Date of death	1908	Month	<i>May</i>	Day	<i>7</i>
Age	<i>37</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Md</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Iga Rhodes</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>James Hawkins</i>			How related to deceased	<i>Stepfather</i>

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Rectum</i>	How long	<i>1 yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis</i>	
		Address <i>Kennedy St</i>	
Accident or Suicide? <i>no</i>		<i>Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edna Taylor</i>		Town <i>near Rockville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>near Rockville</i>		Month <i>5</i>		Day <i>4</i>		Age <i>7</i>	
Date of death <i>1908</i>		Month <i>5</i>		Day <i>4</i>		Years <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>D. C.</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Charles F. Taylor</i>		Father's Birthplace <i>W. Va.</i>					
Mother's Maiden Name <i>Mary Fager</i>		Mother's Birthplace <i>D. C.</i>					
Name of person giving information <i>Charles F. Taylor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound of brain</i>	How long <i>Instant death</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>Accident</i>	

Name
in
Full

CERTIFICATE OF DEATH

Jimmie Walter

Town

County

MARYLAND

Died at

Edwards Ferry Montgomery

Date

May 22

Month

May

Day

Friday

Age

Years

6

Months

4

Days

23

of death

1908

Sex

Male

Color or
Race

White

Birth-
place

Seneca Md.

Occupation

School boy

Where Residing if not
at place of death

Edwards Ferry

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John E Walter

Father's
Birthplace

Loudon Co Va

Mother's
Maiden Name

Eliya Butts

Mother's
Birthplace

Martinsburg W Va

Name of person giving
In formation

Engine Garber

How related
to deceased

Martinsburg W Va

CAUSES OF DEATH

116

Primary

a kick by a horse

How long

Immediate

Traumatic Peritonitis

How long

36 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. W. White

Address

Poolsville Md

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Phoebe R Wilkesh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prin Run</i>		Town <i>Prin Run</i>		County <i>Mont Co</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>10</i>	Age <i>52</i>	Years	Months <i>1</i>	Days <i>60</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Prin Run Md</i>				
Occupation <i>housework</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>married</i>	Name of Wife Husband <i>Jacob Wilkesh</i>						
Father's Name <i>Levin Eli Perry</i>	Father's Birthplace <i>Prin Run Md</i>						
Mother's Maiden Name <i>Songers</i>	Mother's Birthplace <i>Md</i>						
Name of person giving Information <i>Benjamin Perry</i>	How related to deceased <i>brother</i>						

CAUSES OF DEATH

(43)

PHYSICIAN OR CORONER	Primary <i>Cancer of Breast</i>	How long <i>10 or 12 years or more</i>
	Immediate <i>Exhaustion</i>	How long <i>gradual</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Chappell</i>
		Address <i>3901 Grant Rd. DC.</i>
Accident or Suicide? <i>—</i>		

